

**OFFICE OF COMMISSIONER OF INSURANCE**

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER

Ralph T. Hudgens, Commissioner

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www.oci.ga.gov**Application For License As A Pre-Paid Legal Service Sponsor****NON-TRADITIONAL ENTITIES
LIMITED RISK ENTITIES
GID-032-NT DEC2013**

To the Commissioner of Insurance of the State of Georgia:

Application is hereby made of a license to operate as a prepaid legal services sponsor as defined at O.C.G.A. §33-35-1 et seq.

1. Sponsor Name: _____

2. Address at which applicant will conduct business under license:

(a) Address of principal place of business within State:

(b) Address at which all books, records, accounts and documents relating to business in this State will be kept:

(c) If Applicant is a foreign proprietorship, partnership, or corporation, provide the address of the principal place of business:

3. Applicant is: ☐ Individual Proprietor☐ Partnership☐ Corporation☐ Other (Specify): _____

4. If Applicant is a corporation (attach Certificate of Incorporation)

(a) State of incorporation: _____

(b) Date of incorporation: _____

(c) If a foreign corporation, name and address of Agent for Service of Process in Georgia:

5. If Applicant has engaged previously in the same or a similar business; provide details, including name(s), address(es) and date(s) first commenced:

6. State whether Applicant is, directly or indirectly, under common ownership, control, or management or is otherwise affiliated or associated with any insurer, or any person, firm or corporation having or exercising control of an insurer.

☐ Yes (Supply complete details):☐ No

7. If Applicant is a partnership:

(a) State whether general partnership or limited partnership: _____

(b) Give names and addresses of all partners, specifically identifying limited partners:

8. If Applicant is a corporation, trust or other entity, other than a partnership, of which ownership is manifested by shares, identify each type of shares and state:

(a) Number of shares authorized: _____

(b) Number of shares outstanding: _____

(c) Par Value: _____

(d) Give name, residence address, title and number and percent of shares directly or beneficially owned by every officer and director and every person, firm or corporation owning or controlling 10% or more of the shares of each type:

<u>Name</u>	<u>Residence Address</u>	<u>Title</u>	<u># of Shares</u> <u>(%)</u>

9. Attach a current certified financial statement as of the following date: _____

10. In addition to a prepaid legal service sponsor, the following additional business will be conducted at the address of the Applicant:

11. If Applicant, or any subsidiary, affiliated or associated prepaid legal service sponsor, has more than one place of business, give the name and address of each:

12. If the appropriate answer is "Yes" to any of the following questions concerning the Applicant, manager, any officer, director, owner or beneficial owner of 10% or more of the shares, complete details must be given including name, address, disposition of charges. Have any of the above:

(a) Applied previously in this State for a license to engage in the business of sponsoring prepaid legal plans?

(b) Received a rejection, revocation or suspension of license under the laws of this State governing prepaid legal service plans?

(c) Received a rejection, revocation or suspension under a prepaid legal service law or regulation, or similar law or regulation in any other State?

(d) Received a revocation or suspension of any license, been convicted or entered a plea of guilty, or nolo contendere, with respect to any law or regulation relating to the business of insurance?

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- (e) Been arrested, indicted, convicted, entered a plea of guilty or nolo contendere with respect to a State or Federal offense in this or any other State?
- (f) Been placed in voluntary or involuntary bankruptcy, receivership, trusteeship or conservatorship?
- (g) Do any of the above now hold a license to engage in the business of sponsoring prepaid legal services plans or a similar or related business in any State, District or Territory of the United States?

13. Name and address of registered office and registered agent for Service of Process:

ADDRESS TO REMIT BY MAIL:

Georgia Dept. of Insurance—Regulatory Services/Enforcement, P.O. Box 935138, Atlanta, GA 31193-5138

ADDRESS TO REMIT BY COURIER:

Wells Fargo Bank

Georgia Dept. of Insurance—Regulatory Services/Enforcement, Lockbox 935138, 3585 Atlanta Ave., Hapeville, GA 30354

Effective 1-1-2012, the Citizenship Affidavit Form GID-276-EN must be submitted with his application for processing.

AFFIDAVIT

State _____ County _____

_____, the undersigned, being the
_____, of the

(Title, if a corporation)

(Name of the prepaid legal services sponsor)

swear, or affirm, that to the best of my knowledge and belief, the statements contained in this application, including the accompanying statements (if any), are true and complete.

BY _____

Subscribed and sworn to before me this _____ day of _____, _____

(SEAL)

(Notary Public)

Commission Expiration Date